

# GIFT INTENTION CONFIRMATION

I am pleased to inform you I have offered to make a pledge donation and/or included the Faculty of Medicine & Dentistry at the University of Alberta as a beneficiary of my estate plans as follows:

Cash Donation

Five-Year Pledge

Bequest (Will)

Life Insurance Policy

Retirement Plan (RRSP/RRIF)

Other

I confirm my gift is to be directed to:

Designation

Dentistry for Life

Value of this gift is:

*Cash Donation Amount*

\$

*5-year Pledge Amount*

\$

*I estimate the current value of all my bequests to be*

\$

## THANK YOU

All donors who provide for a future gift to the University of Alberta are welcomed into the Quaecumque Vera Honour Society (QVHS). Through the QVHS you will be invited to events and kept up to date on key developments at the University.

## SHARE YOUR STORY

The story of your decision to give can inspire others. We would like to contact you to discuss your story and how we might share it to inspire giving to the University.

**YES, you may contact me about sharing the story of my decision to give with others.**

Name(s):

Birth date (optional)

Birth date (optional)

Address:

E-mail:

Phone:

Signature:

Date:

Signature:

Date:

*I understand that this declaration of intent is not legally binding and does not replace a Will or life insurance policy; however, it does signify my commitment to the continued viability and vitality of the University of Alberta.*

**PLEASE RETURN TO: School of Dentistry | University of Alberta | Edmonton Clinic Health Academy 5th Floor, 87 Avenue NW | Edmonton, AB T6G 1C9**



**UNIVERSITY OF ALBERTA**  
**FACULTY OF MEDICINE & DENTISTRY**  
School of Dentistry